

---

## A research-based look at the safety of breastfeeding during pregnancy

---

adapted from the book:

***Adventures in Tandem Nursing: Breastfeeding During Pregnancy and Beyond*** (© 2003, LLLI)  
by Hilary Flower

### Does breastfeeding trigger preterm labor or miscarriage?

We cannot answer this question definitively at this point because we lack a large-scale medical study. One survey of 57 mothers by Sherrill Moscona revealed that breastfeeding resulted in no apparent adverse consequences to the mothers' pregnancies, and a great deal of anecdotal evidence agrees with this preliminary finding. The American Academy of Family Physicians states that "If the pregnancy is normal and the mother is healthy, breastfeeding during pregnancy is the woman's personal decision.

### Breastfeeding and contractions

Breastfeeding releases oxytocin into the bloodstream. Oxytocin is the chemical messenger that tells the breast tissue to contract and eject milk (the milk ejection reflex). Oxytocin also tells the uterine tissue to contract. Thus during breastfeeding all women experience uterine contractions, although they are usually too mild to notice. Once labor is under way, the uterus is highly tuned into oxytocin. In this way, oxytocin plays an important role in labor.



**Breastfeeding During  
Pregnancy and Beyond**

Visit ***NursingTwo.com*** for more information  
on nursing during pregnancy and beyond.

### Safeguards in effect through the first 38 weeks of healthy pregnancies

For the first 38 weeks of healthy pregnancies, the pregnant body has many safeguards in place to buffer the effects of oxytocin on the uterus. During pregnancy less oxytocin is released in response to nipple stimulation than before or after pregnancy. But even a high dose of synthetic oxytocin (Pitocin) in the preterm period is unlikely to trigger labor. What makes the uterus relatively insensitive to oxytocin for most of pregnancy?

1. The uterine cells that detect the presence of oxytocin (oxytocin receptor sites) are **sparse** until the mother is at term. The biggest proliferation occurs after labor is already underway.
2. The oxytocin receptor sites are ineffective for most of pregnancy because they lack critical helper agents called gap junction proteins. This state is called **down-regulated**. Until these gap junction proteins arrive labor will not commence.
3. **Oxytocin-blockers** are in effect for most of pregnancy. Progesterone is one of the big ones. It binds directly to the oxytocin receptor sites, getting between oxytocin and its receptor site until it is time to go into labor.

Medical research on the effects of oxytocin on the pregnant uterus gives us valid reasons to doubt that oxytocin released during breastfeeding could trigger miscarriage or preterm labor.